



CITY OF LEEDS

1040 PARK DRIVE
LEEDS, AL 35094
205-699-2585 FAX: 205-699-6658

CODE COMPLIANCE COMPLAINT FORM

It is the intent of the city to enforce codes that regulate and control public nuisances and other conditions and circumstances; it is not intended for the code to be interpreted or enforced to require the city to intervene in matters which are primarily personal or private in nature and which may appropriately be resolved between or among private interests without material danger to the public health, safety, or welfare.

Please complete all sections of this form. All sections are vital for a timely response. You may be contacted for additional information about the alleged violation. We do not accept anonymous complaints. Complaints are handled in the order they are received unless it is a life safety issue.

REPORTING PARTY INFORMATION:

Your Name: _____ Day Time Phone # _____

Your Address: _____ Cell Phone # _____

Email Address: _____

LOCATION OF VIOLATION: (identify the property where the violation(s) exist.)

Address: _____ Assessor's Parcel No: _____

Cross Street: _____ Property Owner(s) Name _____

PLEASE DESCRIBE IN DETAIL THE EXTENT OF THE ALLEGED VIOLATION(S):

Is this an urgent situation that is creating an immediate hazard? ☐ Yes ☐ No

If yes, please explain: _____

What steps have you already taken to resolve this problem:

How is this violation detrimentally impacting you?

PLEASE NOTE: SOME VIOLATIONS ARE HANDLED BY OTHER GOVERNMENTAL AGENCIES/DEPARTMENTS. PLEASE CONTACT THE AGENCIES/DEPARTMENTS LISTED BELOW FOR THE FOLLOWING:

Septic Tank Failure

Jefferson County Department of Health	205-930-1230
Saint Clair County Department of Health	205-338-3357
Shelby County Department of Health	205-664-2470

Upon receipt of your complaint, the City will send written notification to the owner of the property where the violation is alleged to exist. Do you wish to receive a copy of this letter?

☐ Yes ☐ No

I certify that the information above is true and accurate to the best of my knowledge.

Signature	Date
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IF YOUR COMPLAINT IS URGENT IT CAN BE FAXED OR HAND DELIVERED. FAX NUMBER AND ADDRESS ARE LOCATED AT THE TOP OF THE FIRST PAGE.

For office use only:

Compliance Officer: _____

Description of conditions: _____

Reviewed condition date: _____

Certified letter date: _____

Follow up date: _____

Completed date: _____